

Work Order ID 63373



Page 1

Thursday, October 28, 2010 10:16:26 AM

Item ID: D3690-1

Accept



Setup Start



Revision ID:

Item Name: Glareshield

Stop



Start Date: 10/28/2010 Start Qty: 2.00



Cust Item ID:

Required Date: 11/4/2010 Req'd Qty: 2.00



Customer:

Reference:

Approvals:

Process Plan: *M*Date: *10/28*

Tooling: _____

Date: _____

Run Start



QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop



| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| | | | | | | | | | |
|----------|--------------|----------|-----------------|--|--|--|--|--|--|
| Draw Nbr | Revision Nbr | | | | | | | | |
| D3690 | Rev B | <i>C</i> | <i>10/11/16</i> | | | | | | |

| | | | | | | | | | |
|-----|--|------|--|--|--|--|--|--|--|
| 100 | | 0.00 | | | | | | | |
|-----|--|------|--|--|--|--|--|--|--|

| | | | | | | | | | |
|--|------------------------------|--|--|--|--|--|--|--|--|
| | HAND FINISHING THERMOFORMING | | | | | | | | |
|--|------------------------------|--|--|--|--|--|--|--|--|

| | | | | | | | | | |
|------------|------|------|--|--|--|--|--|--|--|
| Thermoform | Memo | 0.00 | | | | | | | |
|------------|------|------|--|--|--|--|--|--|--|

| | | | | | | | | | |
|-----------------------|------|---|--|--|--|--|--|--|--|
| Thermoforming Machine | Memo | Set up machine frame and program as per Folio FTA 019 | | | | | | | |
|-----------------------|------|---|--|--|--|--|--|--|--|

BB
10/10/28

| | | | | | | | | | |
|-----|--|------|--|--|--|--|--|--|--|
| 110 | | 0.00 | | | | | | | |
|-----|--|------|--|--|--|--|--|--|--|

| | | | | | | | | | |
|--|------------------------------|--|--|--|--|--|--|--|--|
| | HAND FINISHING THERMOFORMING | | | | | | | | |
|--|------------------------------|--|--|--|--|--|--|--|--|

| | | | | | | | | | |
|------------|------|------|--|--|--|--|--|--|--|
| Thermoform | Memo | 0.00 | | | | | | | |
|------------|------|------|--|--|--|--|--|--|--|

| | | | | | | | | | |
|-----------------------|------|--|--|--|--|--|--|--|--|
| Thermoforming Machine | Memo | Cut Blanks to fit frame size 69.5" X 35.5" | | | | | | | |
|-----------------------|------|--|--|--|--|--|--|--|--|

BB
10/10/28

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| | | | | | | | |
| | | | | | | | |

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

| NCR: | | WORK ORDER NON-CONFORMANCE (NCR) | | | | | | |
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| DATE | STEP | Description of NC Section A | Corrective Action Section B | | | Verification Section C | Approval Chief Eng | Approval QC Inspector |
| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
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NOTE: Date & initial all entries

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Page 2

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Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

115



Dry Material

0.00

HandThermo

Memo

0.00

Hand Finishing Thermoforming

Dry Sheet as per QSI022 POLYCARBONATE

Temp: 240° FTime IN: 4:00 PM 10/10/29Time OUT: 7:10 AM 10/10/29BB/10/29

120



THERMOFORMING MACHINE

0.00

Thermoform

Memo

0.00

Thermoforming Machine

Thermoform as per Dwg. D3690-1 and Folio FTA 019 Dwg. Rev. Folio Rev.x3BB 10/29

130



QC2- Inspect parts off machine FAI/FAIB

0.00

QC

Memo

0.00

Quality Control

Visually inspect for proper formation of each part

x3BB 10/29PTO

| W/O: | | WORK ORDER CHANGES | | | | | | | |
|----------|------|--------------------|--|--|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | | | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| 10/10/21 | 13 | | | | | | | | |
| | | | | | | | | | |

Part No: D3190-1 PAR #: _____ Fault Category: Thermoforming NCR: Yes No DQA: JK Date: 10/11/17
 Resolution: Scrap Disposition: Scrap QA: N/C Closed: JK Date: 10/11/17

| NCR: 63373 | | WORK ORDER NON-CONFORMANCE (NCR) | | | | | | |
|------------|------|---|-----------------------------|---|------------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC Section A | Corrective Action Section B | | | Verification Section C | Approval Chief Eng | Approval QC Inspector |
| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
| 10/10/21 | 130. | Material Too Hot. small webs. on. FRONT CORNERS. R.C. PROCESS. | <u>DSLM</u> | Scrap. & Replace. one. part. Pull @ lower temp. | 10/10/21 W.H. | 8 10/11/21 | <u>DSLM</u> | <u>DSLM</u> |
| | | | | | | | | |
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NOTE: Date & initial all entries

Work Order ID 63373

Thursday, October 28, 2010 10:16:26 AM



Page 3

Item ID: D3690-1

Accept



Setup Start



Revision ID:

Item Name: Glareshield

Stop



Start Date: 10/28/2010 Start Qty: 2.00



Cust Item ID:

Required Date: 11/4/2010 Req'd Qty: 2.00



Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

140

QC8- Inspect parts - second check

0.00



QC

Memo

0.00



Sh
10/10/10

150

HAND FINISHING THERMOFORMING

0.00



Thermoform

Memo

0.00

Thermoforming Machine

Trim to Finished Dimensions as per dwg D3690 using DT9036 / DT9043
template

BB
10/11/10

160

QC2- Inspect parts off machine FAI/FAIB

0.00



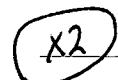
QC

Memo

0.00

Quality Control

Check dimensions to ensure conformity to drawing tolerances.



BB
10/11/10

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
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Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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NOTE: Date & initial all entries

Work Order ID 63373

Thursday, October 28, 2010 10:16:26 AM



Page 4

Item ID: D3690-1

Accept



Setup Start



Revision ID:

Item Name: Glareshield

Stop



Start Date: 10/28/2010 Start Qty: 2.00



Cust Item ID:

Required Date: 11/4/2010 Req'd Qty: 2.00



Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop

Sequence ID/
Work Center ID

170



QC

Quality Control

Operation
Description

QC5- Inspect part completeness to step on W/O

Set Up/
Run Hours

0.00

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

8 10/11/12

72

180



Packaging

Packaging

Identify as per dwg & Stock Location: SA

0.00

B 63352

0.00

=7 m/d 10/11/16

2x

190



QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

ck 10/11/16
MP
10/11/16

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
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Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
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NOTE: Date & initial all entries

Picklist Print

Thursday, October 28, 2010 10:16:35 AM

Page 1

Work Order ID: 63373



Parent Item: D3690-1



Parent Item Name: Glareshield

Start Date: 10/28/2010

Required Date: 11/4/2010

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP Rev A New Issue 08/04/28 DL verified by:DD
IPP Rev:B 08-07-14 revB as per dwg DD verified by:ec
IPP Rev:C 08-10-07 revC as per dwg DD verified by:EC
Add Step 115 Dry Material 10/04/21 DL

Ipp Rev. D

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| MLEXS.093-F6006-02 | | Purchased | No | | | | sf | 931.6350 | 26.31 | 52.64632 | | | |

GE PLASTICS LEXAN SHEET



| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| therm | 931.635 | |
| 110877 | 931.635 | 3 |

BB
10/10/28

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
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Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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NOTE: Date & initial all entries

| | | |
|------------------------------|--------------|-------------|
| DART AEROSPACE LTD | Work Order: | 63373 |
| Description: Glareshield | Part Number: | D3690-1 |
| Inspection Dwg: D3690 Rev: B | | Page 1 of 1 |

FIRST ARTICLE INSPECTION CHECKLIST

First Article Prototype

THERMOFORMING SECTION

| Description | Accept | Reject | Method of Inspection | Comments |
|---|--------|--------|----------------------|----------|
| Shape Definition | ✓ | | | |
| Free of visual flaws (bumps, cracks, voids, etc.) | ✓ | | | |
| | | | | |
| | | | | |
| | | | | |

Measured by: *BB*

Date: 10/10/29

TRIMMING SECTION

| Drawing Dimension | Tolerance | Actual Dimension | Accept | Reject | Method of Inspection | Comments |
|-------------------|-----------|------------------|--------|--------|----------------------|----------|
| 2.20 | +/-0.030 | 2.193 | ✓ | | | |
| 3.55 | +/-0.030 | 3.537 | ✓ | | | |
| 0.040 | Min | 0.048 | ✓ | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Measured by: *BB*

Date: 10/01/02

Audited by: *SL*

Date: 10/10/10

Prototype Approval: N/A

Date: N/A

| Rev | Date | Change | Revised by | Approved |
|-----|----------|-----------|-----------------|-----------|
| A | 08.09.12 | New Issue | KJ/DL <i>BB</i> | <i>BB</i> |

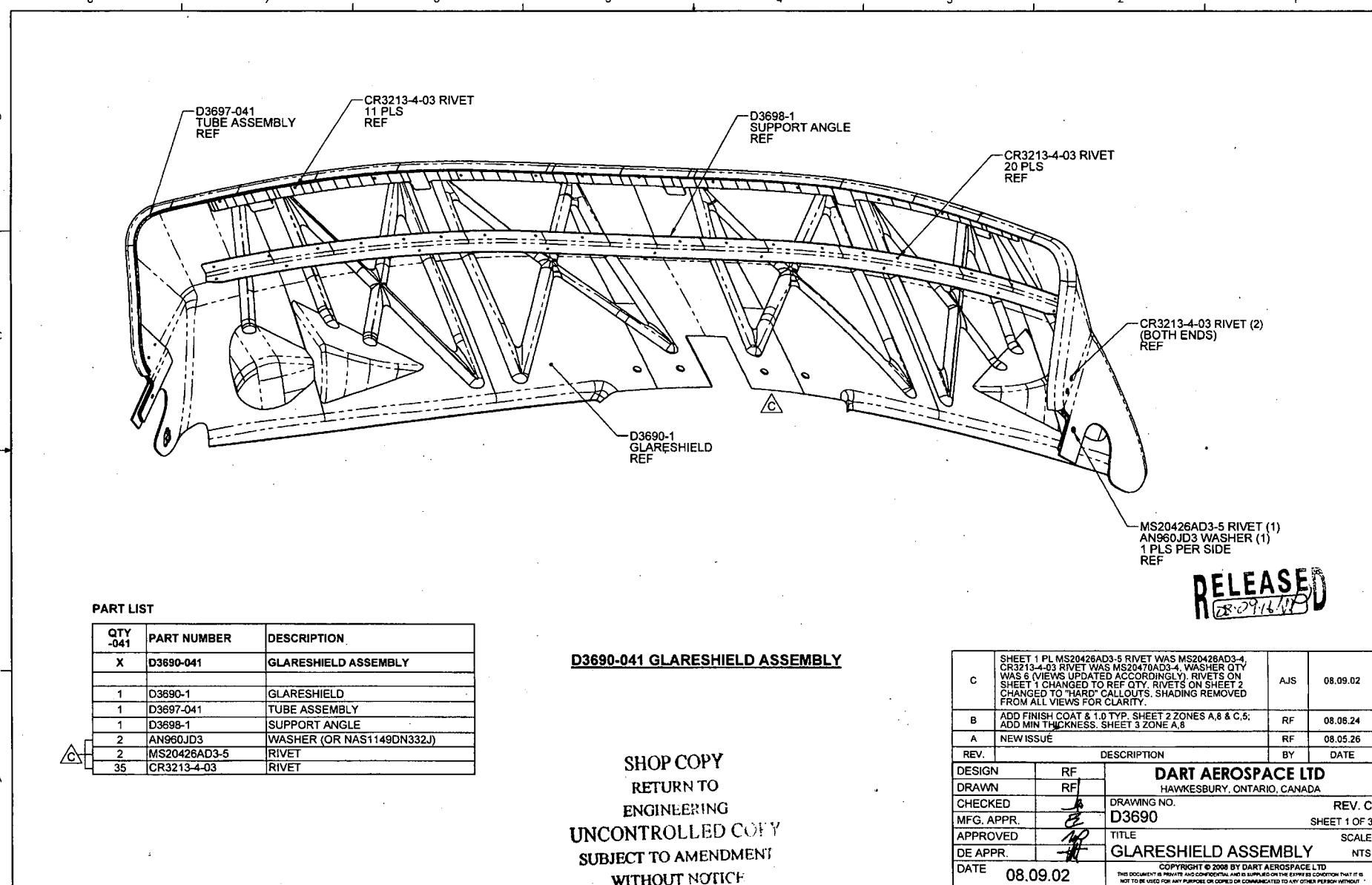
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NOTE: Date & initial all entries



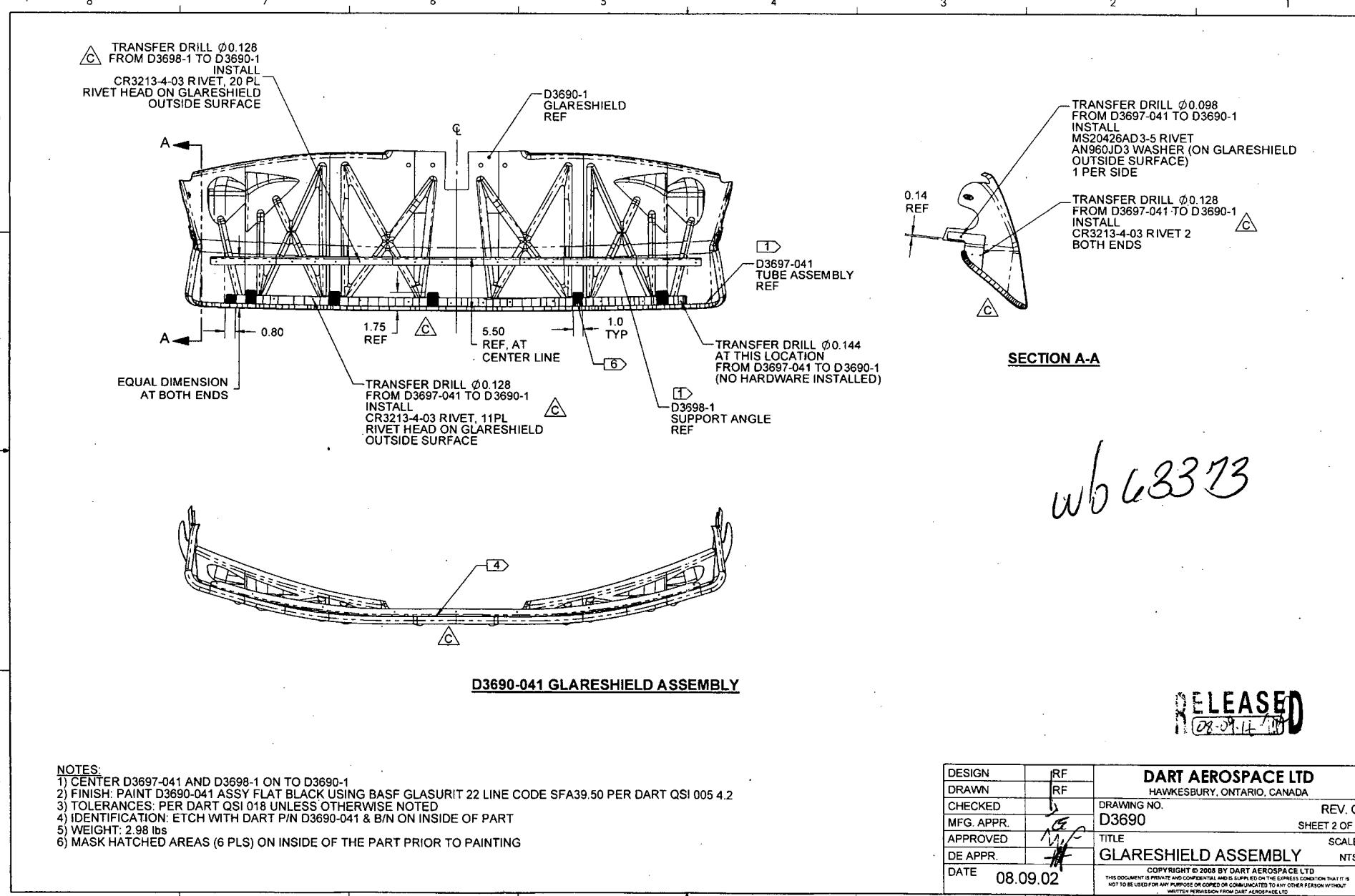
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NOTE: Date & initial all entries



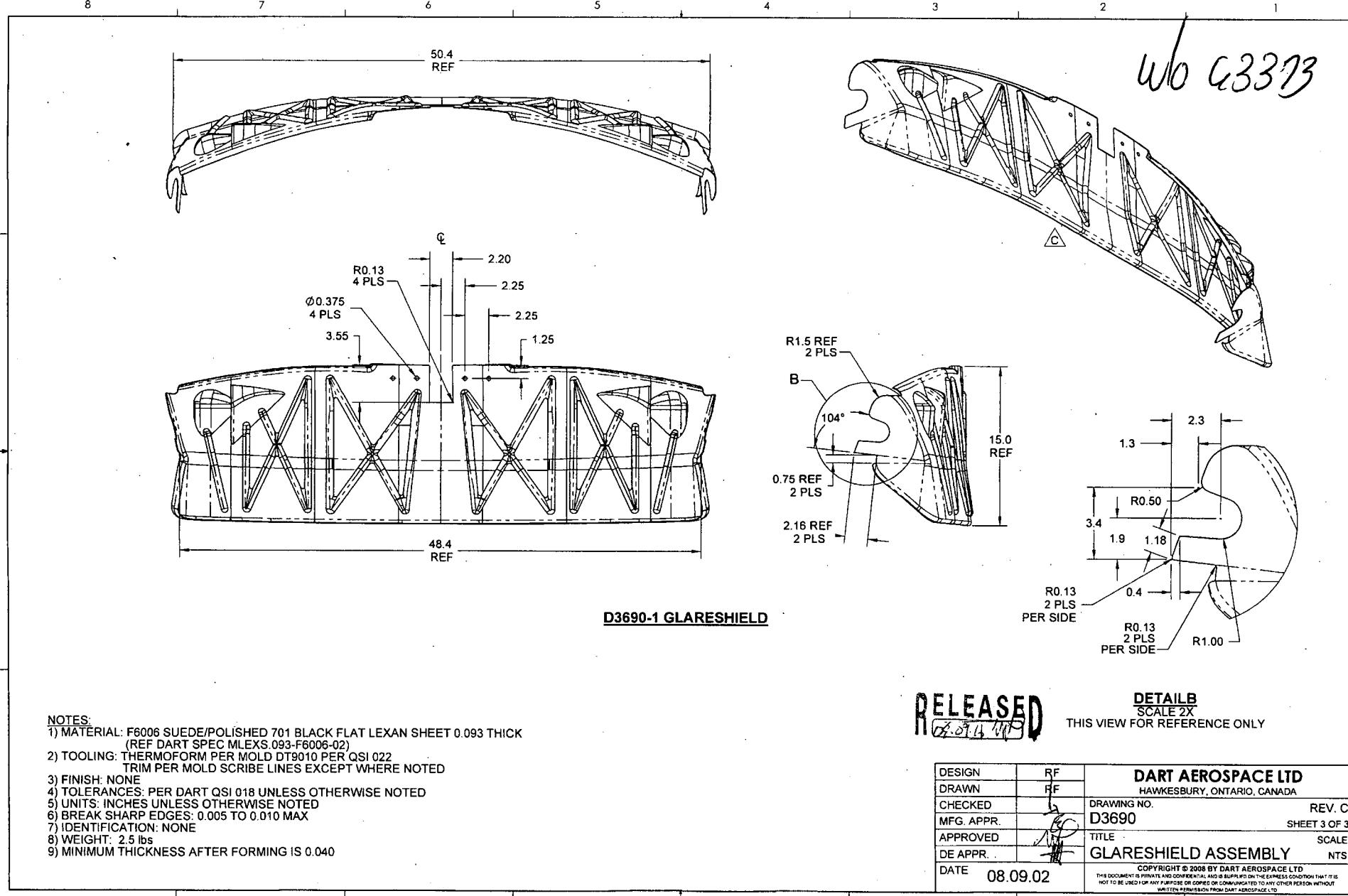
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